

REFUGIO COUNTY TIME SHEET

EMPLOYEE NAME: _____

09/13/25 : Payroll Beginning Date

DEPARTMENT: _____

09/26/25 : Payroll Ending Date

*Use Blue Ink

DAY	Date	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORK	HOL	VAC	SICK	COMP TIME	OTHER	TOTAL
SAT	09/13/25											
SUN	09/14/25											
MON	09/15/25											
TUES	09/16/25											
WED	09/17/25											
THURS	09/18/25											
FRI	09/19/25											
SAT	09/20/25											
SUN	09/21/25											
MON	09/22/25											
TUES	09/23/25											
WED	09/24/25											
THURS	09/25/25											
FRI	09/26/25											

Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025.

OTHER CODES: J - JURY W - WORKER'S COMPENSATION A - DEPARTMENT SUPERVISOR APPROVAL

ACTUAL HRS WORK	_____
HOLIDAY HRS USED	_____
VACATION	_____
SICK LEAVE	_____
COMP TIME	_____
OTHER HOURS	_____
TOTAL PAY PERIOD HRS	_____



REASON FOR OVERTIME:

EMPLOYEE SIGNATURE: _____

"I certify that the hours recorded are an accurate record of hours worked."

AUTHORIZING SIGNATURE: _____

"I certify that this time report is an accurate statement of hours."